

**Insurance Commissioner State of Washington**  
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**US Postal Address:** P O Box 40257 Olympia, WA 98504-0257  
**Phone:** 360 725-7144  
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## **Rental Car Agent Premium Handling Authority**

Pursuant to WAC 284-17B-050

\_\_\_\_\_ acknowledges:  
*Insurer Name*

- (1) the premiums collected by \_\_\_\_\_  
*Car Rental Agent*  
as its car rental agent in connection with an associated consumer transaction will not be received in a fiduciary capacity;
- (2) the premiums will be itemized but not collected separately from the charges in the associated consumer transaction; and
- (3) the premiums need not be segregated from money received in the associated consumer transaction.

**Insurer:** \_\_\_\_\_

By: \_\_\_\_\_  
Officer of the Insurer

Name print/typed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_